

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022612

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **317** Primary Registration District No. **541** Registrar's No. **1598**

FILED MAY 27 1963

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON		c. CITY OR TOWN MEHNVILLE	
Length of stay in lb 1 DAY		Inside Limits Yes No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LOUIS COUNTY HOSPITAL		d. STREET ADDRESS (If outside, give location) 4585 OLD BAUMGARTNER RD	
Inside Limits Yes No <input type="checkbox"/>		Reside on Farm Yes No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First GABRIEL Middle JOSEPH Last HULSEY JR		4. DATE OF DEATH Month MAY Day 15 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-15-1941
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR		11. BIRTHPLACE (City and state or country) ST LOUIS MO	
10b. KIND OF BUSINESS OR INDUSTRY MIDLAND CONTAINER CO		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME GABRIEL HULSEY SR		13b. MOTHER'S MAIDEN NAME HELEN SMITH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		17. INFORMANT GABRIEL HULSEY SR Address 4585 OLD BAUMGARTNER RD ST LOUIS MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain damage DUE TO (b) Skull fracture with intracranial hemorrhage DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1 car accident - driver			
20c. TIME OF INJURY Hour 3:30 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 5/15/63			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	
20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Missouri	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 2:15 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Raymond H. Kead (Degree or title) Coroner		22b. ADDRESS Clayton, Missouri	
22c. DATE SIGNED 5/21/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-18-1963	
23c. NAME OF CEMETERY OR CREMATORY ST TRINITY LUTHERAN CEM.		23d. LOCATION (City, town, or county) LEMA, MO	
24. FUNERAL DIRECTOR Fey Funeral Home ADDRESS MEHNVILLE MO		25. DATE RECD. BY LOCAL REG. 5-17-63	
26. REGISTRAR'S SIGNATURE John B. Murphy			

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/59

1 **4002**

2 **4000**

3 **2**

4 **0**

5 **0**

6

7 **0**

8 **2**

9 **X**

10

11 **400**

12 **45-8**

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gustav W. Jutele

Licensed Embalmer No.

4329

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.